

California Nonresident or Part-Year Resident Income Tax Return 2005

FORM

Long Form**540NR C1 Side 1****Fiscal year filers only:** Enter month of year end: month _____ year 2006.

Place label here or print Name and Address	Your first name 0033 0034	Initial 0031	Last name 0035 0036 0015 0025	PBA Code 0038
	If joint return, spouse's first name 0043 0044	Initial 0041	Last name 0045 0046 0022	
	Present home address — number and street, PO Box, or rural route 0050 0052			Apt. no. 0054
	City, town, or post office (If you have a foreign address, see instructions, page 19) 0056 0057			State 0058 ZIP Code 0059
SSN or ITIN	Your SSN or ITIN 0010	Spouse's SSN or ITIN 0020		IMPORTANT: Your SSN or ITIN is required.

Prior Name If you filed your 2004 tax return under a different last name, write the last name only from the 2004 return.
 Taxpayer **0067** Spouse **0069**

Filing Status 1 ☐ Single **0060 @0062 0063 0064**
 Fill in only one.
 2 ☐ Married filing jointly (even if only one spouse had income)
 3 ☐ Married filing separately. Enter spouse's social security number above and full name here **0070**
 4 ☐ Head of household (with qualifying person). STOP. See instructions, page 19. **0071 0079**
 5 ☐ Qualifying widow(er) with dependent child. Enter year spouse died **0080**

Exemptions 6 If your parent (or someone else) can claim you (or your spouse, if married) as a dependent on his or her tax return, even if he or she chooses not to, fill in this circle ☐ **0085**
 Enclose, but do not staple, any payment.
 ▶ For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line.

Dependent Exemptions
 7 **Personal:** If you filled in 1, 3, or 4 above, enter 1 in the box. If you filled in 2 or 5, enter 2 in the box. If you filled in the circle on line 6, see instructions, page 19 **0090** 7 ☐ X \$87 = \$ **0091**
 8 **Blind:** If you (or if married, your spouse) are visually impaired, enter 1; if both, enter 2 **0095** 8 ☐ X \$87 = \$ **0096**
 9 **Senior:** If you (or if married, your spouse) are 65 or older, enter 1; if both, enter 2 **0100** 9 ☐ X \$87 = \$ **0101**
 10 **Dependents:** Enter name and relationship. Do not include yourself or your spouse.
***0105 +0107 0110 0112 0115 0117 0120 0122**
0125 0127 0130 0132 Total dependent exemptions **0135** 10 ☐ X \$272 = \$ **0136**
 11 **Exemption amount:** Add line 7 through line 10 **11** \$ **0140**

Total Taxable Income
 12 Total California wages from all your Form(s) W-2, box 16 or CA Sch W-2, line C **12** **0200**
 13 Enter federal adjusted gross income from Form 1040, line 37; Form 1040A, line 21; Form 1040EZ, line 4; Form 1040NR, line 35; or Form 1040NR-EZ, line 10 **13** **0205**
 14 California adjustments — subtractions. Enter the amount from Schedule CA (540NR), line 37, column B **14** **0210**
 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions, page 20 **15** **0215**
 16 California adjustments — additions. Enter the amount from Schedule CA (540NR), line 37, column C **16** **0220**
 17 Adjusted gross income from all sources. Combine line 15 and line 16 **17** **0225**
 18 Enter the **larger** of: Your California **itemized deductions** from Schedule CA (540NR), line 43; **OR** Your California **standard deduction** (see left margin). See instructions, page 20 **18** **0230**
 19 Subtract line 18 from line 17. This is your **total taxable income**. If less than zero, enter 0 **0233 0234** **19** **0235**

California Taxable Income
 20 Tax on the amount shown on line 19. Fill in the circle if from: **0241 0242 0243 0244** **20** **0240**
☐ Tax Table ☐ Tax Rate Schedule ☐ FTB 3800 or ☐ FTB 3803
Caution: If under age 14 and you have more than \$1,600 of investment income. See inst., page 21.
 21 CA adjusted gross income from Schedule CA (540NR), Part IV, line 45 **21** **0236**
 22 CA Taxable Income from Schedule CA (540NR), Part IV, line 49 **22** **0274**
 23 CA Tax Rate. Divide line 20 by line 19 **23** **0276**
 24 CA Tax Before Exemption Credits. Multiply line 22 by line 23 **24** **0278**
 25a CA Exemption Credit Percentage. Divide line 22 by line 19. If more than 1, enter 1.0000 **25a** **0280**
 25b CA Prorated Exemption Credits. Multiply line 11 by line 25a. If the amount on line 13 is more than \$143,839, see instructions, page 21. **25b** **0282**
 25c CA Regular Tax Before Credits. Subtract line 25b from line 24. If less than zero, enter -0- **25c** **0284**
 26 Tax. Fill in circle if from: ☐ Schedule G-1, Tax on Lump-Sum Distributions **0253** **26** **0255**
☐ Form FTB 5870A, Tax on Accumulation Distribution of Trusts **0254** **26** **0255**
 27 Add line 25c and line 26. Continue to Side 2 **27** **0260**

Standard Deduction
 Single or Married filing separately, \$3,254
 Married filing jointly, Head of household, or Qualifying widow(er), \$6,508

Attach copy of your Form(s) W-2, W-2G, 592-B, 593-B, and 594 here. If you completed CA Sch W-2, attach it to the back of your return.

Also attach any Form(s) 1099 showing California tax withheld.

0800 0810 0820 0830 0840 0850 0860 0870

Your name: _____ Your SSN or ITIN: _____

Special Credits and Nonrefundable Renter's Credit

28 Amount from Side 1, line 27 28 **0300**

31 Credit for joint custody head of household. See instructions, page 22 ● 31 **0301**

32 Credit for dependent parent. See instructions, page 22 ● 32 **0302**

33 Credit for senior head of household. See instructions, page 22 ● 33 **0303**

36 Credit percentage and credit amount. See instructions. Credit percentage 36a ● 36 **0316** **0305**

37 Enter credit name **0306** code no **0307** and amount ► 37 **0310**

38 Enter credit name **0311** code no **0312** and amount ► 38 **0315**

39 To claim more than two credits, see instructions, page 23 ● 39 **0325**

40 Nonrefundable renter's credit. See instructions, page 12 ● 40 **0327**

41 Add line 36 through line 40. These are your total credits ***0331** +**0332** 41 **0330**

42 Subtract line 41 from line 28. If less than zero, enter -0- 42 **0335**

Other Taxes

43 Alternative minimum tax. Attach Schedule P (540NR) ● 43 **0340**

44 Mental Health Services Tax. See instructions, page 23 ● 44 **0345**

45 Other taxes and credit recapture. See instructions, page 23 ***0341** +**0342** ● 45 **0350**

46 Add line 42 through line 45. This is your total tax ● 46 **0355**

PaymentsTo view your estimated payments, go to www.ftb.ca.gov.

47 California income tax withheld. See instructions, page 24 ■ 47 **0360**

48 Nonresident withholding (Form(s) 592-B, 593-B, or 594). See inst. page 24 ■ 48 **0363**

49 2005 CA estimated tax and other payments. See instructions, page 24 ■ 49 **0365**

50 Excess SDI. To see if you qualify, see instructions, page 24 ■ 50 **0370**

***0357**
@**0367****Child and Dependent Care Expenses Credit.** See instructions, page 24; attach form FTB 3506.

● 51 **0371** - ● 52 **0372** - ■ 54 **0374**

■ 53 **0373** ■ 55 Add line 47, line 48, line 49, line 50, and line 54. These are your total payments **0377** **0378** 55 **0375**

Overpaid Tax or Tax Due

56 Overpaid tax. If line 55 is more than line 46, subtract line 46 from line 55 56 **0380**

57 Amount of line 56 you want applied to your 2006 estimated tax ■ 57 **0385**

58 Overpaid tax available this year. Subtract line 57 from line 56 ■ 58 **0390**

59 Tax due. If line 55 is less than line 46, subtract line 55 from line 46 59 **0395**

Contributions

CA Seniors Special Fund. See instructions ● 60 **0400** 00

Alzheimer's Disease/Related Disorders Fund ● 61 **0405** 00

CA Fund for Senior Citizens ● 62 **0410** 00

Rare and Endangered Species Preservation Program ● 63 **0415** 00

State Children's Trust Fund for the Prevention of Child Abuse ● 64 **0420** 00

CA Breast Cancer Research Fund ● 65 **0425** 00

CA Firefighters' Memorial Fund ● 66 **0431** 00

Emergency Food Assistance Program Fund ● 67 **0435** 00

CA Peace Officer Memorial Foundation Fund ● 68 **0436** 00

CA Military Family Relief Fund ● 71 **0442** 00

CA Prostate Cancer Research Fund ● 72 **0443** 00

Veterans' Quality of Life Fund ● 73 **0444** 00

CA Sexual Violence Victim Services Fund ● 74 **0445** 00

CA Colorectal Cancer Prevention Fund ● 75 **0446** 00

76 Add line 60 through line 75. These are your total contributions ● 76 **0450****Refund or Amount You Owe**

77 **REFUND OR NO AMOUNT DUE.** Subtract line 76 from line 58. Mail to:
FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002 ■ 77 **0460** **0466**

78 **AMOUNT YOU OWE.** Add line 59 and line 76. See instructions, page 26. Mail to:
FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 ■ 78 **0465** **0467** **0468**

Interest and Penalties

79 Interest, late return penalties, and late payment penalties **0472** 79 **0470**

80 Underpayment of estimated tax. Fill in circle: ○ **FTB 5805 attached** ○ **FTB 5805F attached** ■ 80 **0475**

81 Total amount due. Enclose, but do not staple, any payment 81 **0476**

82 If you **do not** need California income tax forms mailed to you next year, fill in the circle ● 82 ○ **0477** **0478**

Direct Deposit (Refund Only)

Do not attach a voided check or a deposit slip. See instructions, page 27.

Fill in the boxes to have your refund directly deposited. Routing number ● **0700**

Account Type: **0710** **0720** Account number **0730**

Checking ● Savings ●

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

3

Sign Here

It is unlawful to forge a spouse's signature.

Joint return? See instructions, page 28.

Your signature Spouse's signature (if filing jointly, both must sign) Daytime phone number (optional) **0479**

X **0545** **0550** **0570** X **0560** **0580** Date **0605**

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) Paid Preparer's SSN/PTIN

Firm's name (or yours if self-employed) **0610** **0615** **0620** **0625** **0630** FEIN **0607**